Complete Summary

TITLE

Speech and language function: proportion of stroke patients in each risk-adjusted group that make at least one level of progress on the Swallowing Functional Communication Measure (FCM).

SOURCE(S)

National Center for Evidence-Based Practice in Communication Disorders. National Outcomes Measurement System: Adults in health care speech-language pathology user's guide. Rockville (MD): American Speech-Language-Hearing Association; 2003. 53 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the proportion of stroke patients in each riskadjusted group, ages 16 years and older, that make at least one level of progress on the Swallowing Functional Communication Measure (FCM).

The Swallowing FCM is one of 15 FCM scales which are used to measure outcomes of speech and language therapy in the realm of swallowing and 14 areas of communication over time. Each scale is composed of seven-point ratings ranging from least functional (level 1) to most functional (level 7).

RATIONALE

Changes in Functional Communication Measure (FCM) level provide information on the benefits of treatment designed to enhance functional communication and swallowing. FCMs were designed to describe aspects of a patient's functional communication and swallowing abilities over time from admission to discharge in various speech-language pathology treatment settings.

PRIMARY CLINICAL COMPONENT

Stroke; speech and language intervention; swallowing

DENOMINATOR DESCRIPTION

Stroke patients, ages 16 years and older, with a treatment plan recommending speech and language intervention for a minimum of two sessions. Patients must receive speech and language intervention using either an individual and/or group treatment model or a training and/or consultation model.

See the related "Denominator Inclusions/Exclusions" field in the Complete Summary.

NUMERATOR DESCRIPTION

The number of stroke patients in each risk-adjusted group that make at least one level of progress on the Swallowing Functional Communication Measure (FCM)

Note: Refer to the original measure documentation for additional details.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

 A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

American Speech-Language-Hearing Association (ASHA). Inpatient. National Data Report 2008. Rockville (MD): American Speech-Language-Hearing Association (ASHA); 2008. 35 p.

American Speech-Language-Hearing Association (ASHA). Outpatient (hospital outpatient, rehab outpatient, office-based services, day treatment). National Data Report 2008. Rockville (MD): American Speech-Language-Hearing Association (ASHA); 2008. 33 p.

American Speech-Language-Hearing Association (ASHA). Skilled nursing. National Data Report 2008. Rockville (MD): American Speech-Language-Hearing Association (ASHA); 2008. 35 p.

American Speech-Language-Hearing Association. Acute inpatient. National Data Report 2008. Rockville (MD): American Speech-Language-Hearing Association (ASHA); 2008. 35 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Ancillary Services
Behavioral Health Care
Community Health Care
Home Care
Hospices
Hospitals
Long-term Care Facilities
Physician Group Practices/Clinics
Rehabilitation Centers
Residential Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Speech-Language Pathologists

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 16 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Stroke patients, ages 16 years and older, with a treatment plan that recommends speech and language intervention for a minimum of two treatment sessions (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

- Patients, ages 16 years and older, with a treatment plan recommending speech and language intervention for a minimum of two sessions
- Patients who have had a stroke
- Patients receiving speech and language intervention using one of two treatment models:
 - Individual and/or group treatment model
 - Training and/or consultation model

Note: Refer to the original measure documentation for additional details.

Exclusions

- Patients seen for evaluation only
- Adults with developmental disabilities

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of stroke patients in each risk-adjusted group that make at least one level of progress on the Swallowing Functional Communication Measure (FCM)

Note: Refer to the original measure documentation for additional details.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Functional Status

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Methods

Step 1: Regression analysis to determine independent variables associated with measurement change.

Step 2: Review of discharged cases to determine typical score on the measure for those patients discharged with an indication that no further speech-language pathology treatment was needed.

Step 3: Establish that score as a proxy "treatment goal" for all patients with that particular score on admission.

Step 4: Identify constellations of risk factors with differential amounts of treatment needed to reach that treatment goal.

Statistical Results

Variables affecting the amount of treatment needed to reach treatment goal:

- % of SLP treatment time devoted to treating swallowing
- Number of other Functional Communication Measures scored
- Score on this measure at admission

STANDARD OF COMPARISON

External comparison at a point in time External comparison of time trends Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Functional Communication Measure: Swallowing.

MEASURE COLLECTION

National Outcomes Measurement System

MEASURE SET NAME

<u>Functional Communication Measures</u>

DEVELOPER

American Speech-Language-Hearing Association

FUNDING SOURCE(S)

A portion of the American Speech-Language-Hearing Association (ASHA) membership dues contributed to the design of the National Outcomes Measurement System, which includes the Functional Communication Measures (FCMs).

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

American Speech-Language-Hearing Association (ASHA) solicited input via publications, communication with larger health care facilities, presentations and other public input regarding specific treatment areas on which Functional Communication Measures (FCMs) should be based. Speech-language pathologists with a wide variety of clinical expertise were appointed to an advisory group that met to discuss the target measures.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1998 Jan

REVISION DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Center for Evidence-Based Practice in Communication Disorders. National Outcomes Measurement System: Adults in health care speech-language pathology user's guide. Rockville (MD): American Speech-Language-Hearing Association; 2003. 53 p.

MEASURE AVAILABILITY

The individual measure, "Functional Communication Measure: Swallowing," is published in "National Outcomes Measurement System: Adults in Healthcare Speech-Language Pathology User's Guide." This document is available in Portable

Document Format (PDF) from the <u>American Speech-Language-Hearing Association</u> Web site.

For more information, please contact American Speech-Language-Hearing Association at 2200 Research Boulevard, Rockville, MD 20850-3289; Phone: 301-296-5700; Web site: http://www.asha.org/default.htm.

NQMC STATUS

This NQMC summary was completed by ECRI Institute of May 19, 2009. The information was verified by the measure developer on July 7, 2009.

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